

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name TRUE NORTH COFFEE HOUSE	Telephone Number Est 812-266-0152 Own 812-557-0791	Date of Inspection 09/22/2020	ID#
Address 137 E MARKET STREET, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 10/02/2020
Owner MICHELLE RYAN		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 137 E. MARKET STREET NEW ALBANY, IN 47150			
Person in Charge MICHELLE RYAN			
Responsible Person's Email GWENLYSON@GMAIL.COM			
Certified Food Handler GWEN BOWMAN			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C NC R

Received by (name and title printed):	Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST
Received by (signature):	Inspected by (signature): 
cc:	cc: